

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re:	Chapter 11
LEHMAN BROTHERS HOLDINGS INC	Case No. 08-13555 (JMP) Jointly Administered
Lehman Brothers Special Financing, Inc	Case No. 08-13888
(“the Debtors”)	Claim No.: <u>9788</u>

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED
CREDITOR, JMG TRITON OFFSHORE FUND LIMITED, IN THE AMOUNT OF \$5,225,952.74, TO
C.V.I G.V.F. (LUX) MASTER S.A.R.L.**

To Transferor: JMG Triton Offshore Fund Limited
Attn: c/o Pacific Assets Management, LLC
11601 Wilshire Boulevard, Suite 2180
Los Angeles, CA 00925

PLEASE TAKE NOTICE that the transfer of \$5,225,952.74 of the above-captioned general
unsecured claim has been transferred to:

Transferee: C.V.I G.V.F. (Lux) Master S.a.r.l.
c/o CarVal Investors UK Limited
Knowle Hill Park
Farimile Lane
Cobham
Surrey KT11 2PD
United Kingdom

The evidence of transfer of claim is attached hereto. A copy of the Proof of Claim and a copy of the
Claims Agent website listing the claim are attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant
on our records in this proceeding.

(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2009.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent _____ Transferee _____ Debtor's Attorney _____

Deputy Clerk

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Ch-11 LEHMAN BROTHERS SPECIAL
FINANCING, INC.

Debtor

Case No. 08-13888

Chapter 11

**NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of JMG Triton Offshore Fund Limited ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s), including but not limited to the following:

Proof of Claim Amount	Proof of Claim No.
\$5,225,952.74	9788

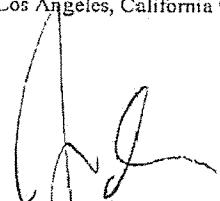
have been transferred and assigned to C.V.I. G.V.F. (Lux) Master S.a.r.l. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: C.V.I. G.V.F. (Lux) Master S.a.r.l.
Address: c/o CarVal Investors UK Limited
Knowle Hill Park
Fairmile Lane
Cobham
Surrey KT11 2PD
United Kingdom

Signature: 
Name: DAVID SHORT
Title: OPERATIONS MANAGER
Date: 10/12/09

ASSIGNOR: JMG Triton Offshore Fund Limited
Address: c/o Pacific Assets Management, LLC
11601 Wilshire Boulevard, Suite 2180
Los Angeles, California 90025

Signature: 
Name: Jonathan Glasser
Title: Member Manager
Date: 9-23-09

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re:
 Lehman Brothers Holdings Inc., et al.
 Debtors.
 Name of Debtor Against Which Claim is Held
 Lehman Brothers Special Financing Inc.

Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)
 Case No. of Debtor
 Case No. 08-13888 (JMP)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

JMG Triton Offshore Fund Limited
 c/o Pacific Assets Management, LLC
 11601 Wilshire Boulevard, Suite 2180
 Los Angeles, California 90025

Telephone number: 310-601-2825 Email Address: noelle@jmgcapital.com

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

PROOF OF CLAIM

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000009788



THIS SPACE IS FOR COURT USE ONLY

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 5,225,952.74

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.

Check this box if all or part of your claim is based on a Derivative Contract.*
 Check this box if all or part of your claim is based on a Guarantee.*

***IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is a based on a Derivative Contract or Guarantee.

2. Basis for Claim: Collateral posted pursuant to ISDA Master Agreement dated June 28, 2001, with (See instruction #2 on reverse side.) with prepetition interest.

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____
 (See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

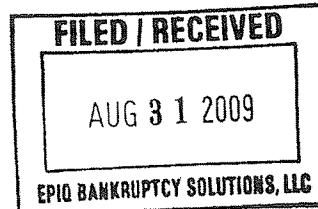
If the documents are not available, please explain:

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

8/27/09 *Signature* *8/27/09*
 Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY



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646 282 2400

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Claim #

Name Starts With

Debtor

9788

jmg

[...]

Schedule #

Total Claim Value

Scope

Claims and Schedules

Equals

[grid]

[grid]